

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155635		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/01/2011	
NAME OF PROVIDER OR SUPPLIER GRACE VILLAGE HEALTH CARE FACILITY				STREET ADDRESS, CITY, STATE, ZIP CODE 337 GRACE VILLAGE DRIVE WINONA LAKE, IN46590			
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F0000	<p>This visit was for the Investigation of Complaint IN00094678.</p> <p>Complaint IN00094678 - Substantiated. Federal/state deficiencies related to the allegations are cited at F371.</p> <p>Survey date: September 1, 2011</p> <p>Facility number: 000501 Provider number: 155635 AIM number: 100266260</p> <p>Survey team: Sue Brooker RD TC Sheryl Roth RN</p> <p>Census bed type: SNF: 10 SNF/NF: 73 Residential: 50 Total: 133</p> <p>Census payor type: Medicare: 15 Medicaid: 37 Other: 81 Total: 133</p> <p>Sample: N/A</p> <p>This deficiency also reflects state findings</p>			F0000	<p>I. Submission and implementation of this plan of correction shall not constitute an admission by Grace Village Health Care to any allegations of deficiency as stated within the "Summary Statement of Deficiencies" or an agreement with any conclusions therein. Rather, this plan of correction is submitted in accordance with State and Federal requirements. II. Grace Village is disputing F371 cited on this survey via the IDR process.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0371 SS=B	<p>in accordance with 410 IAC 16.2.</p> <p>Quality review completed 9/7/11 by Jennie Bartelt, RN.</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview and record review, the facility failed to prepare and serve meals from a licensed kitchen for the facility rehabilitation unit, affecting 9 of 9 residents who ate food prepared and served by the un-licensed retirement kitchen.</p> <p>Findings include:</p> <p>During the initial tour of the facility on 9/1/11 at 10:15 a.m., it was observed the facility had two kitchens from which dietary staff prepared and served meals.</p> <p>The Assistant Dietary Manager #1 was interviewed on 9/1/11 at 10:15 a.m. During the interview she indicated the facility had two kitchens, the healthcare kitchen and the retirement kitchen. She also indicated the healthcare kitchen served residents who resided in healthcare</p>			F0371	<p>I. Corrective Actions: No residents were found to have been negatively affected in any way from the serving of food from the Independent Living kitchen.II. Other Residents: The rehab unit has the capacity to be occupied by 12 residents for short-term rehab care. None of the residents who have stayed in the unit have been affected in any negative way by receiving meals prepared by the Independent Living kitchen.III. Systemic Changes to Prevent Recurrence: This is a somewhat unique citation in that it involves a one time process to achieve approval in order to be considered licensed. A letter has been obtained from the Program Director of Health Care Engineering confirming that the kitchen in question (the Independent Living kitchen) was licensed when it was used to serve our licensed health care</p>		10/01/2011

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	<p>and assisted living. She further indicated the healthcare kitchen was licensed by the State of Indiana.</p> <p>Retirement kitchen Cook #2 was interviewed on 9/1/11 at 10:46 a.m. During the interview she indicated the retirement kitchen prepared and served meals for the residents who resided in the retirement area of the facility as well as the residents who resided in the rehabilitation unit.</p> <p>The Certified Dietary Manager #3 was interviewed on 9/1/11 at 10:49 a.m. During the interview she indicated the retirement kitchen was in close physical proximity to the rehabilitation unit. She also indicated it was more convenient to serve the residents in the rehabilitation unit from the retirement kitchen. She further indicated the retirement kitchen was not licensed and had not been surveyed by any Federal, State, or Local agency.</p> <p>Retirement kitchen Cook #2 was interviewed on 9/1/11 at 11:23 a.m. During the interview she indicated meals for the residents in the rehabilitation unit are loaded into an insulated cart and the cart was taken from the retirement kitchen to the rehabilitation unit where the meals were served to the residents in the</p>				<p>facility from 1978 thru 1989 and they would not require that process to be completed again. (See attachment A) As indicated in the survey report, an inspection of the kitchen by the Indiana State Department of Health was conducted during the complaint investigation and found that the kitchen met the standards for food storage, prep and distribution. It is our understanding, according to the applicable regulations, that the kitchen does meet the conditions necessary to be considered licensed by the State of Indiana. The Independent Living kitchen has been and continues to be accessible and prepared to undergo inspection by a Life Safety surveyor at any time if the State also deems that a further necessary step in considering its proper licensure.IV. Monitoring of Systemic Changes: Again, as a unique situation in which no systemic change is really a part of the correction, we see no component of this plan of correction that can be monitored as such. However, the kitchen has been and will continue to be inspected by the facility's consultant dietician whose reports are reviewed by both the Dietary Manager and the facility Administrator. Any concerns raised by the consultant's reports will be taken to the Quality Assurance Committee.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	<p>rehabilitation dining room.</p> <p>The Certified Dietary Manager (CDM) #3 was interviewed on 9/1/11 at 11:45 a.m. During the interview she indicated the food to the rehabilitation dining room had previously been prepared and served from the healthcare kitchen. She also indicated approximately 6-7 years ago the retirement kitchen began preparing and serving food to the residents in the rehabilitation unit due its close proximity to the rehabilitation dining room.</p> <p>During an observation of the lunch meal on 9/1/11 at 12:25 p.m., an insulated food cart was loaded with prepared meal trays in the retirement kitchen for the residents in the rehabilitation unit. The insulated food cart was pushed from the retirement kitchen through the retirement dining room, through a hallway to the rehabilitation dining room. The resident meal trays were then removed from the insulated food cart and served to the residents seated at the dining tables in the rehabilitation dining room.</p> <p>QMA #4 was interviewed on 9/1/11 at 12:30 p.m. During the interview she indicated there were currently nine residents residing on the rehabilitation unit. She also indicated some of those residents ate in the rehabilitation dining</p>						

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	<p>room, some residents ate in their rooms on the rehabilitation unit, and some walked to the retirement dining room for their meals.</p> <p>Review of the "Rehabilitation Unit Dining Times" provided by the CDM on 9/1/11 at 2:50 p.m., indicated the dining times for the rehabilitation unit were breakfast at 7:30 a.m., lunch at 12:30 p.m., and supper at 5:30 p.m.</p> <p>The CDM was interviewed on 9/1/11 at 2:50 p.m. During the interview she indicated the dietary staff in the retirement kitchen started preparing the meal trays for the residents in the rehabilitation unit approximately fifteen minutes prior to the stated meal times.</p> <p>This federal tag is related to Complaint IN00094678.</p> <p>3.1-21(i)(1)</p>						